

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

- ☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name Mark Herron		Telephone 850-567-4878
Street Address 2618 Centennial Place		
City Tallahassee	State FL	Zip Code 32308
Mailing Address P.O. Box 1701		
City Tallahassee	State FL	Zip Code 32302-1701

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.


Signature of Registered Agent

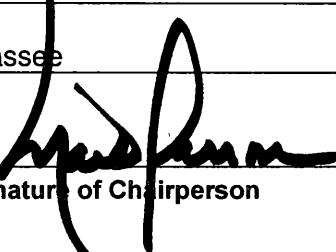
19 May 2015
Date

Former Registered Agent and Office Information (for changes only)

Name		Telephone
Street Address		
City	State	Zip Code

Committee or Organization Information

Name of Committee or Organization Miami Beach for All		
Street Address 2618 Centennial Place		Telephone 850-567-4878
City Tallahassee	State FL	Zip Code 32308


Signature of Chairperson

Mark Herron

Printed Name of Chairperson

19 May 2015
Date